



School Counseling Practicum Completion Form



The following signatures indicate that _____ satisfactorily fulfilled the expectations
(Name of Student Intern)
of the School Counseling Practicum experience.

	Total
1. Individual Counseling Hours	
2. Group Counseling Hours	
3. Total # of Direct Service Hours (Line 1 + Line 2)	
4. Individual Supervision Hours	
5. ALL Non-direct Service Hours (EXCLUDING supervision)	
6. Total # of Non-direct Service Hours (Line 4 + Line 5)	
7. Total # of Direct and Non-direct Service Hours (Line 3 + Line 6)	
8. Total Hours of Group Supervision (1.5 hours per class session attended)	
9. Total Hours of Class Instruction (1 hour per class session attended)	
10. Total Hours of Supervision (Line 4 + Line 8)	
TOTAL (Line 7 + Line 8 + Line 9)	

Student Name (Print)

Student's Signature

Date

On-site Supervisor (Print)

On-site Supervisor's Signature

Date

Practicum Instructor (Print)

Practicum Instructor's Signature

Date

Master's Practicum and Internship Coordinator Signature

Date